

## CLAIMS ONLY

Application Number

09/054,810

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	CAS FILED 9/29/07		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
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7		/				
8		/				
9		/				
10	<del>/</del>	<del>/</del>				
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18		/				
19	/					
20	<del>/</del>	<del>/</del>				
21	<del>/</del>	<del>/</del>				
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49						
50						
Total Indep	5					
Total Depend	27					
Total Claims	32					

* May be used for additional claims or amendments			*			*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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100								
Total Indep								
Total Depend								
Total Claims								